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SEC 1972 (6-02)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	ge burden
hours per respor	M 81 42

0000011

SEC USE ONLY										
Prefix			Serial							
	DA	TE RECEIVED								

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE	
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	04049961
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	-
mB1, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number	(Including Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (if different from Executive Offices)	451-3800 r (Including Area Code)
Brief Description of Business	
Residential Real Estate I	nvestment
Type of Business Organization	
corporation limited partnership, already formed when the content limited partnership, to be formed Limited Lial	ilite Congral
Month Year LIGHT	THE COMPANY
Actual or Estimated Date of Incorporation or Organization:	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 7d(6).	230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed fi and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at the which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	•
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies rephotocopies of the manually signed copy or bear typed or printed signatures.	ot manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issue thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Panot be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in the ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrate are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee is accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the states notice and must be completed.	r in each state where sales in the proper amount shall
ATTENTION —	le failes de file de
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Converse appropriate federal notice will not result in a loss of an available state exemption unless such exemption if filling of a federal notice.	ly, tailure to file the spredictated on the

Persons who respond to the collection of information contained in this form are not

required to respond unless the form displays a currently valid OMB control number.

BM

1 of 9

	A. BASIC I	DENTIFICATION DATA			
2. Enter the information requested fo	r the following:				
 Each promoter of the issuer, 	if the issuer has been organized	within the past five years;			
	the power to vote or dispose, or		of, 10% or more o	of a class of e	quity securities of the issuer
	rector of corporate issuers and				ì
Each general and managing p		or anti-brane Berreigi min min	maging parmers o	· paranersmp	issuers, and
- man Paners, min munikus b	armer ox parmership issuers.				
theck Box(es) that Apply: Prof	moter Deneficial Owne	r Executive Officer	Director		eral and/or naging Partner
ull Name (Last name first, if individua L	Tome Fund	ma Copita	3/#2	110	
usiness or Residence Address (Numb	ber and Street, City, State, Zip	Code)			
/024	45 E. Via	Linda, Su	lite 22.	5 S	rottsdale, AZ
heck Box(es) that Apply: Pron	noter Beneficial Owner		☐ Director	Gene	ral and/or
Jon K. Taylor	IRA			Mar	naging Partner
	" at Can	0.00 100	2020	_	
al Deal St	reet Corx	1010, NC	~ OOA	<u> </u>	
siness or Residence Address (Numb	per and Street, City, State, Zip (Code)			
seck Box(es) that Apply: Pron	noter	Executive Officer	☐ Director	_	ral and/or aging Partner
					laging rather
ll Name (Last name first, if individual	()	,		·····	
siness or Residence Address (Numb	per and Street, City, State, Zip (Code)			
eck Box(es) that Apply: Prom	noter Beneficial Owner	Executive Officer	Director	☐ Gene	ral and/or
., ., .		_		لبيبنا	aging Partner
Il Name (Last name first, if individual	<u> </u>				
if italie (Last name 1851, it marridual	•)				
Politica Add Object	A Sharek Giber Share 7i- /	7. 1.\	***************************************		
siness or Residence Address (Numb	er and Street, City, State, Zip (ode)			
					<u> </u>
eck Box(es) that Apply: Prom	noter Beneficial Owner	Executive Officer	Director		ral and/or
				Man	aging Partner
il Name (Last name first, if individual)				
siness or Residence Address (Numb	er and Street, City, State, Zip C	Code)			
eck Box(es) that Apply: Prom	oter Beneficial Owner	Executive Officer	Director	☐ Gener	al and/or
		Д			aging Partner
District Control of the State o	\				
l Name (Last name first, if individual)	,				
siness or Residence Address (Number	er and Street, City, State, Zip C	Code)			
eck Box(es) that Apply: Prom	oter Beneficial Owner	Executive Officer	Director		al and/or aging Partner
ll Name (Last name first, if individual)	1				
n 14mme (Last mante 1115t, 11 muly1008f)	!	r			
,	1 8. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.				
siness or Residence Address (Number	er and Street, City, State, Zip C	(apo			
n i	ise blank sheet or conv and use	additional conies of this st	eet as necessary)		

				В.	INFORMAT	TION ABO	UT OFFER	ING				
	•										Yes	No
1. Has th										\boxtimes		
	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?										. 46	
2. What	2. What is the minimum investment that will be accepted from any individual?								\$_ <i>_{\0</i>	<u>000.0</u> 0		
3. Does	the offering	permit join	nt ownersh	ip of a sin	gle unit?		*************	····			Yes [⊠*	No
4. Enter	the informs	tion reques	sted for ea	ch person	who has be	en or will	be paid or	given, dir	ectly or in	directly, a		
If a pe or stat a brok	ission or sin rson to be li es, list the n er or dealer	sted is an as ame of the you may	ssociated p broker or d set forth th	erson or ag ealer. If m	ent of a bro ore than fiv	ker or deal e (5) perso	er registere ons to be lis	d with the	SEC and/o	r with a st	ate	
Full Name	(Last name	first, if inc	lividual)									
Business of	r Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Name of A	ssociated B	roker or De	ealer									
States in W	hich Person	n Listed Ha	s Solicited	or Intend	s to Solicit	Purchaser	<u> </u>					
(Check	c "All State	s" or check	individua	l States)		*****************		************	• • • • • • • • • • • • • • • • • • • •		🔲 Al	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name Business o			·	d Street, C	City, State,	Zip Code)						
Name of As	ssociated B	roker or De	aler			·			······································			
States in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	<u> </u>		· · · ·			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Check	"All State:	s" or check	individual	States)	***************************************	•••••					🔲 All	States
AL	AK	AZ	AR	CA	CO	CT	DE	DC)	FL	GA	HI	ĪD
IL	ĪN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name (Last name	first, if ind	ividual)		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
Business or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)		·				
Name of As	sociated Br	oker or De	aler									
							,					
States in Wi												_
(Check	"All States	" or check	individual	States)	••••••	•••••••	***************				. All	States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN NE	IA	KS NH	KY NJ	[LA]	ME	MD	MA ND	MI OH	MN	MS	MO PA
MT RI	SC	NV SD	NH TN	TX	NM UT	NY VT	NC VA	WA	OH WV	OK WI	OR WY	PR
												

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			Amount Already
	Type of Security	Offering Price	e	Sold
	Debt	\$	<u> </u>	\$
	Equity	\$	_	\$
	Common Preferred			
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests	<u></u>		\$
	Other (Specify Membership Interest Total	1,000,000	00	\$ 1,060,000.00
	Total	1,060,000.	00	\$1,060,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			•
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	19		\$ 1,060,000.00
	Non-accredited Investors		<u>_</u>	\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		_	\$
	Regulation A		_	\$
	Rule 504		_	\$
	Total		_	\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees		X	s 7500.00
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify) kntha Postage & Misc.		X	s 1,000.00
	Total		\$	s <u>8,5∞.</u> ∞

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS		
and t	Enter the difference between the aggregate offering price given in response to Part C — Question 1 otal expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross seeds to the issuer."			s],051,500.6
each chec	cate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for of the purposes shown. If the amount for any purpose is not known, furnish an estimate and k the box to the left of the estimate. The total of the payments listed must equal the adjusted gross seeds to the issuer set forth in response to Part C — Question 4.b above.			
		Payments		
		Officers Directors, Affiliates	&	Payments to Others
Salar	ies and fees] \$		□\$
Purc	nase of real estate] \$		∡\$ <u>995,915</u> .
ruic.	nase, rental or leasing and installation of machinery quipment			· ·
	truction or leasing of plant buildings and facilities			
	-		<u> </u>	
offer	isition of other businesses (including the value of securities involved in this ing that may be used in exchange for the assets or securities of another			
issue	r pursuant to a merger)	-	1	\$
	yment of indebtedness		<u> </u>	□\$
	ing capital	_		√\$ <u>55, 58</u> 5.
Othe	(specify):] \$	<u> </u>	
	·····] \$	(s
Colu	nn Totals] \$		¬\$
	Payments Listed (column totals added)			51,500.00
	D. FEDERAL SIGNATURE			
	has duly caused this notice to be signed by the undersigned duly authorized person. If this notice i			
	constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss: ation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Ru		itten 1	equest of its staff,
r (Pri	nt or Type) Signature D	ate	<u></u>	N/
11	SI, LLC	11-	<u>8 -</u>	04
e of S	igner (Print or Type) Title of Signer (Print or Type)			$^{\circ}$
_	aloc H. Many Hullisi-al Wa at Ma	nggir	1	111.000

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No.
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice D (17 CFR 239.500) at such times as required by state law.	is filed a no	otice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, infor issuer to offerees.	mation fur	nished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer of this exemption has the burden of establishing that these conditions have been satisfied.		
	ner has read this notification and knows the contents to be true and has duly caused this notice to be signed on its b thorized person.	ehalf by the	undersigned
coner (Print or Tyne) Signature . Date		

Issuer (Print or Type)	Signature	Date
MBI LLC	TD LAPY	11-8-04
Name (Print or Type)	Title (Print or Type)	0- 0- 1
Douglas A. Kemy	Hythorized Kep	of Managing Member
<u> </u>		

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				Al	PPENDIX	'			
1	Intend to non-a investor	1 to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	-	Type of investor and amount purchased in State (Part C-Item 2)				5 lification ate ULOE, attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ		X	Membership Interest	17	895,000				X
AR		•							
CA									
со									
СТ									
DE									
DC									
FL									
GA									
HI									
ID									
пL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
МІ									
MN		<u>:</u>							
MS		,							

				API	PENDIX					
1	Intended to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
мо										
МТ										
NE										
NV										
NH										
NJ										
NM									,	
NY	•									
NC		X	Menbership Interest	1	150,000				X	
ND										
ОН						·				
OK										
OR										
PA										
RI										
SC										
SD										
TN										
TX		X	membership Interest	1	15,000				X	
UT										
VT										
VA										
WA				· · · · · · · · · · · · · · · · · · ·						
wv	· · ·	<u> </u>								
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				APP	ENDIX				
1	to non-a	2 d to sell accredited rs in State	Type of security and aggregate offering price offered in state		Type of investor and amount purchased in State		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)		
	(Part E	3-Item 1)	(Part C-Item 1)	Number of	-	C-Item 2) Number of			-Item 1)
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No
WY									
PR									